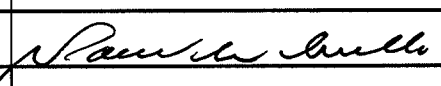


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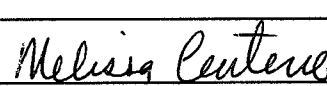
TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/991,079
	Filing Date	November 16, 2001
	First Named Inventor	Valery Tsourikov
	Art Unit	2626
	Examiner Name	Spooner, Lamont M.
Total Number of Pages in This Submission	Attorney Docket Number	IMC-0043

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<div style="border: 1px solid black; padding: 2px;">Remarks</div> <p>In connection with this matter, please charge any otherwise unpaid fees which may be due, or credit any overpayment, to Deposit Account No. 501798.</p> <p>Fee Paid: Patent Office Fee - Two-Month Extension of Time \$245.00</p>	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MILLS & ONELLO, LLP		
Signature			
Printed name	David M. Mello		
Date	May 28, 2009	Reg. No.	43,799

CERTIFICATE OF TRANSMISSION/MAILING

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